



Name JAMES VINCENT	Your social security number [REDACTED]
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RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

19 RI income tax from page 1, line 8	19
20 Credit for child and dependent care expenses from Federal Form 1040, line 48 or Form 1040A, line 29	20
21 Tentative allowable federal credit. Multiply line 20 by 25% (0.2500)	21
22 MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a	22

RI SCHEDULE II - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

NOTE: You must attach a signed copy of the state tax return(s) for which you are claiming credit.

23 RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 2, line 22	23
24 Income derived from other state. If more than one state, see instructions	24
25 Modified federal AGI from page 1, line 3	25
26 Divide line 24 by line 25	26
27 Tentative credit. Multiply line 23 by line 26	27
28 Tax due and paid to other state (see specific instructions). Insert name of state paid	28
29 MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on page 1, line 9b	29

RI CHECKOFF CONTRIBUTIONS SCHEDULE

	\$1.00	\$5.00	\$10.00	Other	
30 Drug program account RIGL §44-30-2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
31 Olympic Contribution RIGL §44-30-2.1 Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)					31
32 RI Organ Transplant Fund RIGL §44-30-2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32
33 RI Council on the Arts RIGL §42-75.1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
34 RI Nongame Wildlife Fund RIGL §44-30-2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
35 Childhood Disease Victims' Fund RIGL §44-30-2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35
36 RI Military Family Relief Fund RIGL §44-30-2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36
37 TOTAL CONTRIBUTIONS. Add lines 30, 31, 32, 33, 34, 35 and 36. Enter here and on RI-1040, page 1, line 11					37

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

38 Rhode Island income tax from RI-1040, page 1, line 10a	38	
39 Federal earned income credit from Federal Form 1040, line 64a; 1040A, line 38a or 1040EZ, line 8a	39	
40 Rhode Island percentage	40	25%
41 Multiply line 39 by line 40	41	
42 Enter the SMALLER of line 38 or line 41	42	
43 Subtract line 42 from line 41. If zero or less, enter the amount from line 42 on line 46. Otherwise, go on to line 44	43	
44 Refundable percentage	44	15%
45 Rhode Island refundable earned income credit. Multiply line 43 by line 44	45	
46 TOTAL RI EARNED INCOME CREDIT. Add line 42 and line 45. Enter here and on RI-1040, line 14d	46	

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Spouse's signature	Date	Telephone number
Paid preparer signature	Print name LAWRENCE E BROWN CPA	Date	Telephone number 401-461-4442
Paid preparer address 810 EDDY STREET	City, town or post office PROVIDENCE	State RI	ZIP code 02905-4808
			PTIN P13156444

2013 RI SCHEDULE W

Rhode Island W2 and 1099 Information



13101010450101

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
JAMES VINCENT	[REDACTED]

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. W2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return. Failure to do so may delay the processing of your return. ATTACH THIS SCHEDULE W TO YOUR RETURN

	Column A Enter "S" if Spouse's W-2 or 1099	Column B Enter "1099" letter code from chart	Column C Employer's Name from Box C of your W2 or Payer's Name from your Form 1099	Column D Employer's State ID # from box 15 of your W2 or Payer's Fed. ID # from Form 1099	Column E RI Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1.			RHODE ISLAND HOUSING	05-0354769	490.
2.			RHODE ISLAND COLLEGE	05-6016315	131.
3.			RI PUBLIC TRANSIT AUTHORITY	05-0311968	1,534.
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.	Total RI Income Tax Withheld - Add lines 1 through 15, Column E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a				2,155.
17.	Total Number of W2s and 1099s showing Rhode Island Income Tax Withheld				3

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning 2012, ending .20 See separate instructions.

Your first name and initial Last name
 JAMES VINCENT

Your social security number
 [REDACTED]

If a joint return, spouse's first name and initial Last name
 Spouse's social security no.

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
 577 SCITUATE AVENUE

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
 CRANSTON RI 02921-1809

Foreign country name Foreign province/county Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse

Boxes checked on 6a and 6b 1

No. of children on 6c who:
 *lived with you 0
 *did not live with you due to divorce or separation (see instr.) 0
 Dependents on 6c not entered above 0

Add numbers on lines above ▶ 1

c Dependents:

(1) First name	Last name	(2) Dependent's social security no.	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instr.)

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 111,197.

8a Taxable interest. Attach Schedule B if required 8a

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes 10 374.

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 13

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount 20b

21 Other income. List type and amount (see instr.) 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 111,571.

Adjusted Gross Income

23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 Deductible part of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN ▶ 31a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 111,571.

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	111,571.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1948. <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before Jan. 2, 1948. <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	24,804.
41	Subtract line 40 from line 38	41	86,767.
42	Exemptions. Multiply \$3,800 by the number on line 6d	42	3,800.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	82,967.
44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	16,774.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	16,774.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	16,774.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	16,774.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	26,124.
63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Form 8812.	65	
66	American opportunity credit from Form 8863, line 8.	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Re-served c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	26,124.

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	9,350.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	9,350.
b	Routing number <input type="checkbox"/> 011500120 <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/> 21404771		
75	Amount of line 73 you want applied to your 2013 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see inst.	76	
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name LAWRENCE E BROWN CPA Phone no. 401-461-4442 Personal identification number (PIN) 12062

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation MANAGER Daytime phone number _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____ If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	LAWRENCE E BROWN CPA		02/04/2013		P01315644
	Firm's name	Firm's EIN			
	LAWRENCE E BROWN CPA	05-0402678			
	Firm's address	Phone no.			
	810 EDDY STREET PROVIDENCE RI 02905-4808	401-461-4442			

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

Information about Schedule A and its separate instructions is at www.irs.gov/form1040.

Attach to Form 1040.

OMB No. 1545-0074

2012

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

JAMES VINCENT

Your social security no.

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040, line 38 2		
	3	Multiply line 2 by 7.5% (.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4
Taxes You Paid	5	State and local		
	a	<input checked="" type="checkbox"/> Income taxes	5	5,061.
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	6	4,444.
	7	Personal property taxes	7	576.
	8	Other taxes. List type and amount ▶	8	
	9	Add lines 5 through 8		
			9	10,081.
Interest You Paid	10	Home mortgage interest & points reported to you on Form 1098	10	9,943.
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst. and show that person's name, identifying no., and address ▶		
	12	Points not reported to you on Form 1098. See instructions for special rules	12	
	13	Mortgage insurance premiums (see instructions)	13	
	14	Investment interest. Attach Form 4952 if required. (See inst.)	14	
	15	Add lines 10 through 14		
		15	9,943.	
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	4,780.
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18		
		19	4,780.	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21	
	22	Tax preparation fees	22	
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶	23	
	24	Add lines 21 through 23	24	
	25	Enter amount from Form 1040, line 38 25		
	26	Multiply line 25 by 2% (.02)	26	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		
			27	
Other Miscellaneous Deductions	28	Other - from list in the inst. List type and amount ▶		
			28	
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40		
			29	24,804.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2012

BCA

W-2 DETAIL REPORT - 2012

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
RHODE ISLAND HOUSING	05-0354769	X	111197	26124	4624	1677	RI	111197	5061		
			111197	26124	4624	1677		111197	5061		

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records.

2012

Declaration Control Number (DCN) ▶ 0514892013056C000041

Taxpayer's name
JAMES VINCENT

Social security number
[REDACTED]

Spouse's name

Spouse's social security number

Part I Tax Return Information-Tax Year Ending December 31, 2012 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	111,571.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	16,774.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	26,124.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	9,350.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2012, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize LAWRENCE E BROWN CPA to enter or generate my PIN 14216
ERO firm name Enter five numbers, but do not enter all zeros
as my signature on my tax year 2012 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 02/04/2013

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____
ERO firm name Enter five numbers, but do not enter all zeros
as my signature on my tax year 2012 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only-continue below

Part III Certification and Authentication-Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 05148910317
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2012 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 02/04/2013

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return instructions.

Name: JAMES VINCENT

SSN: [REDACTED]

	2010	2011	2012
Gross Income			
Wages and salaries	74,247.	74,938.	111,197.
Interest and dividends			
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			
Other income	1,369.	1,491.	374.
Total gross income	75,616.	76,429.	111,571.
Adjustments to Income			
Adjusted gross income	75,616.	76,429.	111,571.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes	8,669.	7,714.	10,081.
Interest	10,528.	10,132.	9,943.
Contributions	3,560.	3,810.	4,780.
Miscellaneous deductions			
Other itemized deductions			
Total deductions	22,757.	21,656.	24,804.
Exemptions	3,650.	3,700.	3,800.
Taxable Income	49,209.	51,073.	82,967.
Tax (2012 - 1040, line 44)	8,488.	8,894.	16,774.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding	13,581.	13,889.	26,124.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments	388.		
Total credits and payments	13,969.	13,889.	26,124.
Tax liability after credits	8,488.	8,894.	16,774.
Estimated tax penalty			
Refund or (Balance Due)	5,481.	4,995.	9,350.
Federal marginal tax bracket	25.0 %	25.0 %	25.0 %
Tax preparation fee			
State refund or (balance due)			
1st resident state refund (balance due)	RI 1,491.	RI 374.	RI 877.
2nd resident state refund (balance due)			
1st part-year state refund (balance due)			
2nd part-year state refund (balance due)			
1st nonresident state refund (balance due)			
2nd nonresident state refund (balance due)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

NOTES FOR 2012:

NAME AND ADDRESS	Your first name JAMES VINCENT	Initial	Last name	Your social security number [REDACTED]
	Spouse's first name	Initial	Last name	Spouse's social security no.
please print or type	Present home address (number and street, including apartment number or rural route)			Daytime telephone number
	577 SCITUATE AVENUE			
	City, town or post office CRANSTON RI	State 02921-1809	ZIP code	City or town of legal residence CRANSTON

ELECTORAL CONTRIBUTION If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) Yes No

If you wish the 1st \$2.00 (\$4.00 if a joint return) to be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.

FILING STATUS Check only one box

1 **Single** 2 **Married filing jointly** 3 **Married filing separately** 4 **Head of household** 5 **Qualifying widow(er)**

INCOME, TAX AND CREDITS	1. Federal AGI (Adjusted Gross Income) from Federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4	1.	111,571.
	2. Net modifications to Federal AGI from RI Schedule M, line 3. If no modifications, enter zero on this line	2.	
	3. Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases)	3.	111,571.
	4. Deductions. RI standard deduction (left margin). If line 3 is over \$181,900 see Standard Deduction Worksheet on page i.	4.	7,800.
	5. Subtract line 4 from line 3	5.	103,771.
	6. Exemptions. Enter federal exemptions in box, multiply by \$3,650 and enter result on line 6. If line 3 is over \$181,900, see Exemption Worksheet on page i (back of front cover) <input checked="" type="checkbox"/> X \$3,650 =	6.	3,650.
	7. RI TAXABLE INCOME. Subtract line 6 from line 5	7.	100,121.
	8. RI income tax from Rhode Island Tax Table or Tax Computation Worksheet	8.	4,184.
	9. A. RI percentage of allowable Federal credit from page 2, RI Schedule I, line 22	9A.	
	B. RI credit for income taxes paid to other states from page 2, RI Schedule II, line 29	9B.	
	C. Other Rhode Island Credits from RI Schedule CR, line 4	9C.	
	D. Total RI credits. Add lines 9A, 9B and 9C	9D.	
	10. A. Rhode Island income tax after credits. Subtract line 9D from line 8 (not less than zero)	10A.	4,184.
B. Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 7.	10B.		
11. RI checkoff contributions from page 2, RI Checkoff Schedule, line 37 (Contributions reduce your refund or increase your balance due.)	11.		
12. USE/SALES tax due from page I-4, line 6 of the Individual Consumer's Use/Sales Tax Worksheet	12.		
13. TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10A, 10B, 11 and 12.	13.	4,184.	

PAYMENTS AND PROPERTY TAX RELIEF CREDIT	14. A. Rhode Island 2012 income tax withheld from RI Schedule W, line 21 (All Forms W-2 and 1099 with RI withholding, AND Schedule W must be attached)	14A.	5,061.	Check <input checked="" type="checkbox"/> if extension is attached. <input type="checkbox"/>
	B. 2012 estimated tax payments and amount applied from 2011 return	14B.		
	C. Property tax relief credit from form RI-1040H, line 16 or 23. Attach Form RI-1040H	14C.		
	D. RI earned income credit from page 2, RI Schedule EIC, line 46	14D.		
	E. RI Residential Lead Paint Credit from Form RI-6238, line 7. Attach Form RI-6238	14E.		
	F. Other payments	14F.		
	G. TOTAL PAYMENTS AND CREDITS. Add lines 14A, 14B, 14C, 14D, 14E and 14F	14G.	5,061.	

AMOUNT DUE	15. A. AMOUNT DUE. If line 13 is LARGER than line 14G, subtract line 14G from 13	15A.	
	B. Check <input type="checkbox"/> if RI-2210 or RI-2210A is attached & enter underestimating interest due <small>This amount should be added to line 15A or subtracted from line 16, whichever applies.</small>	15B.	
	C. TOTAL AMOUNT DUE. Add lines 15A and 15B. Complete RI-1040V and send in with your payment	15C.	

REFUND	16. AMOUNT OVERPAID. If line 14G is LARGER than line 13, subtract line 13 from line 14G. If there is an amount due for underestimating interest on line 15B, subtract line 15B from line 16.	16.	877.
	17. Amount of overpayment to be refunded	17.	877.
	18. Amount of overpayment to be applied to 2013 estimated tax	18.	

RETURN MUST BE SIGNED - SIGNATURE LINE IS LOCATED ON PAGE 2
MAILING ADDRESS: RI Division of Taxation - One Capitol Hill - Providence, RI 02908-5806

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

19. RI income tax from page 1, line 8		19.
20. Credit for child and dependent care expenses from Federal Form 1040, line 48 or 1040A, line 29	20.	
21. Tentative allowable federal credit. Multiply line 20 by 25% (0.2500)		21.
22. MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER . Enter here and on page 1, line 9A		22.

RI SCHEDULE II CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

NOTE: You must attach a signed copy of the state tax return(s) for which you are claiming credit.

23. RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 2, line 22		23.
24. Income derived from other state. If more than one state, see instructions		24.
25. Modified federal AGI from page 1, line 3		25.
26. Divide line 24 by line 25		26.
27. Tentative credit. Multiply line 23 by line 26		27.
28. Tax due and paid to other state (see specific instructions) Insert name of state paid		28.
29. MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST . Enter here and on page 1, line 9B		29.

RI CHECKOFF ✓ CONTRIBUTIONS SCHEDULE

NOTE: Contributions reduce your refund or increase your balance due.

	\$1.00	\$5.00	\$10.00	Other		
30. Drug program account RIGL § 44-30-2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	30.
31. Olympic Contribution RIGL § 44-30-2.1 Yes <input type="checkbox"/> \$1.00 Contribution (\$2.00 if a joint return)						31.
32. RI Organ Transplant Fund RIGL § 44-30-2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	32.
33. RI Council on the Arts RIGL § 42-75.1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	33.
34. RI Nongame Wildlife Fund RIGL § 44-30-2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	34.
35. Childhood Disease Victims' Fund RIGL § 44-30-2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	35.
36. RI Military Family Relief Fund RIGL § 44-30-2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	36.
37. TOTAL CONTRIBUTIONS. Add lines 30, 31, 32, 33, 34, 35 and 36. Enter here and on RI-1040, page 1, line 11						37.

RI SCHEDULE EIC RHODE ISLAND EARNED INCOME CREDIT

38. Rhode Island income tax from RI-1040, page 1, line 10A		38.
39. Federal earned income credit from Federal Form 1040, line 64a; 1040A, line 38a or 1040EZ, line 8a		39.
40. Rhode Island percentage		40. 25%
41. Multiply line 39 by line 40		41.
42. Enter the SMALLER of line 38 or line 41		42.
43. Subtract line 42 from line 41 (If zero or less, enter the amount from line 42 on line 46. Otherwise, continue to line 44)		43.
44. Refundable percentage		44. 15%
45. Rhode Island refundable earned income credit. Multiply line 43 by line 44		45.
46. TOTAL RI EARNED INCOME CREDIT. Add line 42 and line 45. Enter here and on RI-1040, line 14D		46.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature →	Date	Spouse's Signature →	Date
May the division contact your preparer about this return? Yes <input checked="" type="checkbox"/>		Preparer's name (please print): LAWRENCE E BROWN CPA	
Paid preparer's signature and address		SSN, PTIN or EIN	Telephone number
810 EDDY STREET		05-0402678	401-461-4442
PROVIDENCE RI 02905-4808			

RI SCHEDULE W

RHODE ISLAND W2 AND 1099 INFORMATION

2012

Name(s) shown on Form RI-1040 or RI-1040NR

Your social security number

JAMES VINCENT



Complete the Schedule below listing all of your and your spouse's (if applicable) W2s and 1099s showing Rhode Island Income Tax withheld. W2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return. Failure to do so may delay the processing of your return. ATTACH THIS SCHEDULE W TO YOUR RETURN

	Column A Enter "S" if for Spouse	Column B Enter "1099" letter code from chart	Column C Employer's Name from Box C of your W2 or Payer's Name from your Form 1099	Column D Employer's Fed. ID # from box b of your W2 or Payer's Fed. ID # from Form 1099	Column E RI Income Tax Withheld (SEE INSTR. FOR BOX REFERENCES)
1.			RHODE ISLAND HOUSING	05-0354769	5,061.
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

21. Total RI Income Tax Withheld - Add lines 1 through 20, Column E. Enter total here and on RI-1040, line 14A or RI-1040NR, line 17A

22. Total Number of W2s and 1099s showing Rhode Island Income Tax Withheld

5,061.
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